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Worldwide Report

EPIDEMIOLOGY

No. 306

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22 December 1982

WORLDWIDE REPORT

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MALARIA STILL NUMBER ONE KILLER IN AFRICA

Blantyre DAILY TIMES in English 10 Nov 82 p 4

[Article by Paul Amina]

[Text]

DESPITE astounding developments in medical science, malaria still remains the most dangerous and number one killer disease in sub-Saharan Africa and other countries in the tropics. About 50 per cent of African children below the age of three are infected by the disease, and it is estimated that about 1,000,000 children die of the disease in Africa every year.

And a recent meeting of experts on environment management control in Nairobi was told that cases of malaria and other vector-borne diseases had increased tremendously in tropical Africa in the Seventies.

A Kenyan delegate told the meeting that irrigation schemes had bred so much malaria and bilharzia in the

country that the authorities were getting concerned. It was estimated that out of Kenya's population of 17 million, 3,000,000 were infected by flukes and 7,000,000 others endangered.

Data analysed by experts from the World Health Organisation (WHO), the Food and Agriculture Organisation (FAO) and the United Nations Environment Programme (UNEP) indicate that most of the water-borne tropical diseases could easily be avoided.

The experts said irrigation and water development projects in the developing countries could lead to health hazards. In many cases, the projects caused outbreaks of diseases like malaria, cholera, bilharzia and diarrhoea.

The experts recom-

mended the removal of water from the project surface by filling, draining and levelling the land. The seven-day meeting called on countries undertaking water and irrigation projects to consider and apply corrective, preventive and health measures before the projects are embarked on.

The participants emphasised that the increasing cases of vector-borne diseases in many parts of Africa was as a result of lopsided planning and execution of development projects.

— APS Features

AUSTRALIA

BRIEFS

WHOOPING COUGH THREAT--The admission of seven babies to hospital with whooping cough has brought a strong warning to parents to maintain immunisation. The Commissioner of Public Health, Dr J. McNulty, said yesterday that the increasing numbers of whooping-cough cases were a matter of concern and could be the forerunners of a major outbreak. Seven babies had been admitted to Princess Margaret Hospital since the beginning of September, but there were normally no more than one or two cases a month. For babies to receive the full benefit of immunisation from the serious and prolonged disease, they needed injections at two, four and six months of age. Dr McNulty said that there were no comprehensive figures for immunisation in WA, but there were indications that some children who began the course did not complete it. This left them unprotected if they caught the disease. A survey at PMH showed that up to 40 per cent of a group of children had not completed immunisation schedules. [Text] [Perth THE WEST AUSTRALIAN in English 20 Oct 82 p 24]

CSO: 5400/7515

EXPERTS SAY INCIDENCE OF CHOLERA NOT UNUSUAL

Dhaka THE NEW NATION in English 6 Nov 82 p 3

[Text]

The incidence of cholera and other forms of diarrhoeal disease that are being reported these days are "nothing unusual" in Bangladesh in this particular period of the year.

The experts at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) maintained that this is a seasonal affair and we need not be scared off, reports BSS.

The Centre which is engaged in research leading to better and inexpensive treatment of cholera and other forms of diarrhoeal diseases for the people of all developing countries including Bangladesh view the current year's incidence of the diseases as a "wave" which repeats after a few years.

Briefing the newsmen at his office Dr' M.R. Bashir, Assistant Director, ICDDR, said the Centre has already sent seven medical teams to various places of the country to assist government 'action in the prevention of the diseases'. He said the teams have three-pronged objectives-prevent death, control outbreak of cholera and investigate the outbreak of the disease.

Giving a brief history of the organizational set-up and working of the Centre which was formerly known as Cholera Research Laboratory Dr Bashir said since the funding of CRL in 1961 the development of Oral Rehydration Solution (ORS) was its greatest success. ORS, Dr. Boshir said is also known as "Dhaka solution", was recommended as a very simple and inexpensive medicament for cholera and diarrhoeal dis-

eases for other countries. ORS is a mixture of glucose and salt which safely and inexpensively replace fluids and electrolytes lost in all forms of diarrhoea. Oral therapy has recently been adopted for home use, for its ingredients are easily available in most rural areas of developing countries, Dr. Bashir added:

While rejecting the suggestion that the incidence of cholera was very widespread, Dr. Boshir said only five percent to the 80,000 patients that received treatment at the Centre last year were cholera cases. He said most of the patients being admitted at ICDDR, hospital are victims of diarrhoea, blood dysentery and other stomach disorders.

The Centre is a Pathfinder in the treatment of cholera and other diarrhoeal diseases. Dr. Boshir however admitted that improvement of sanitation and general health condition would only ensure prevention of these diseases. Besides counselling the government on the prevention of the disease, the Centre also imparts training to medical professionals and health workers about prevention measures.

The Centre whose annual budget for calendar 1982 is 5 million US dollars has a staff of nearly 1,000, including about fifty physicians of which 16 are expatriates.

Dr. Md. Yunus, Dr. K.A. Mansoor, Dr. M.U. Khan, Dr. Thomas Butler and Dr. Stan D Souza were present at the briefing.

BRIEFS

JAUNDICE AT UNIVERSITY--Jaundice has plagued all the halls and staff quarters of the Engineering University. It is learnt that about 100 students have been attacked with the disease. The situation in Suhrawardy Hall is the worst, where 35 students have been attacked with the disease. According to the Engineering University Medical Centre, five students have been shifted to Dhaka Medical College Hospital and other students who have residence in the city, have been advised to leave their halls. Some students have already left for their residence, it is learnt. The students residing in the halls are very much anxious about the out break of the disease and are in deep tension for appearing in the ensuing examination beginning from November 29. [Dhaka THE BANGLADESH OBSERVER in English 4 Nov 82 p 12]

PABNA DIARRHEA DEATHS--PABNA, Oct. 30--Thirteen more persons died of diarrhoeal disease last week in Ullapara and Faridpur police stations of Pabna district. Over 215 persons have reportedly been affected in these two thanas. In Bera thana under Pabna Sadar Sub-Division about 30 persons have been affected. Shah Amirul Islam, Civil Surgeon, Pabna however confirmed four deaths in Ullapara thana and two in Faridpur thana. According to him about five hundred persons were affected by diarrhoeal disease during the last three months and four persons died in the modernised Pabna Sadar Hospital. He further said adequate preventive and curative measures were already taken. [Text] [Dhaka THE BANGLADESH OBSERVER in English 31 Oct 82 p 8]

DIARRHEA IN MADARIPUR--MADARIPUR, Oct. 30--Diarrhoea claimed 13 lives and affected 90 others during last fewdays in Shibchar thana under this subdivision. In kamalapur, Nalgola, Charbhadrashan, Manikpur, Alipur, Guatala, Sadakabad, Shamail, Ramraierkandi, Gajaria, Bahirchar and Omedpur diarrhoea has broken out in epidemic form. The disease has also spread in the new areas adjoining the affected villages. It is alleged that the authority is not taking adequate preventive measure against the disease. An official source said, medical teams have been sent to the affected areas to combat the situation and a control room has been set up at Deputy Civil Surgeon's office at Madaripur. [Text] [Dhaka THE NEW NATION in English 31 Oct 82 pp 1, 8]

MORE DIARRHEA DEATHS--MANIKGANJ, Nov. 4--More than 30 persons died and another 125 were attacked by strong diarrhoea in Dhamrai police station recently. According to report, cholera broke out in Kusura, Gangotia and Sanora union

parishads in epidemic form. 19 lives were claimed in a single village of jalsa. The oral saline bags were supplied in the area which is quite insufficient as stated by the local social workers. The Deputy Civil Surgeon, Dhaka Sadar could not be contacted as he was not in Dhaka but the Thana Health Administrator, Dhamrai confirmed the cholera as strong diarrhoea. [Dhaka THE NEW NATION in English 6 Nov 82 p 2]

TEAMS TO CHOLERA AREAS--Eight army medical teams have been sent to different areas affected by cholera gastro-enteritis and diarrhoeal diseases in Zone-A, says a PID handout. The army teams consists of Doctors and Medical Staffs from the army Medical corps. Three army medical teams are working in Gofargaon of Mymensingh district, two Army Medical Teams in Fatullah area of Dhaka district and 3 other army medical teams are operating in Dhaka Metro politan area and responses from the members of the public in the affected areas are very good and they are eagerly coming forward to take preventive inoculation and treatment by the Army Doctors. The army medical teams are also distributing water purifying tablets and advising people to adopt precautionary measures such as using pure boiled water, avoiding stale food etc. They are also supervising the works of other medical teams in other areas. The prompt action of the medical teams has already brought satisfactory results and the situation has been brought well under control in the affected areas. [Dhaka THE BANGLADESH OBSERVER in English 10 Nov 82 p 1]

BRAHMANBARIA DIARRHEA DEATHS--BRAHMANBARIA, Nov. 17--Diarrhoea claimed 72 lives and more 525 people were attacked by the disease in Brahmanbaria in the last few weeks, according to official sources here. The unofficial death figure put the death toll at 125 and about 800 people were attacked by diarrhoea. The Brahmanbaria Sadar Hospital doctors said every day average of five diarrhoea patients were being brought to the hospital since November 1. It could not be ascertained how many of them were dead. The Deputy Civil Surgeon of Brahmanbaria said that the affected areas are Pairtala south, Rajagher, Meddha, Birrashar and Gattura under Brahmanbaria thana, Barishal and Bhattasala under Akhaura thana, Ibrahim-pur union and Shampur union under Nabigonj thana and Syedtulla, Arifail, Pakshimul, Kalikatcha under Sarail thana. Already four medical teams are working in the affected areas. Officials claim that the situation in Nasirnagar and Kasba police station are under control. It is also said that paucity of safe drinking water is the main cause for outbreak of the disease in the sub-division. [Dhaka THE NEW NATION in English 18 Nov 82 pp 1, 8]

CSO: 5400/7058

BRAZIL

LEPROSY CASES SAID TO TOTAL 500,000 NATIONWIDE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 21 Nov 82 p 32

[Excerpts] Brasilia--There is said to be a total of 500,000 persons in Brazil afflicted with Hansen's disease, according to the strictest estimating criteria of the World Health Organization (WHO), and most Brazilians have already had contact with the bacteria which cause the disease. However, in the case of Hansen's disease, individual resistance is extremely high and, although the epidemic has reached every area in the country, official reports indicate a total of 15,000 new cases per year.

Hansen's disease, a dermatoneurological illness which, in the past, comprised the group of afflictions classified as leprosy, is now, from a medical viewpoint, a contagious disease like any other. But, socially, it still carries the stigma of a curse and contagion, as shown by the fact that, just when the problem is being received by society as something natural, attitudes emerge such as that of the Regional Electoral Tribunal [TRE] of Mato Grosso do Sul which, on 15 November, demanded that the voting rights of lepers confined in a treatment sanatorium be taken away.

The reaction of experts at the Ministry of Health was to consider the TRE decision devoid of technical grounds; however, the experts could do nothing inasmuch as that tribunal has the backing of the Electoral Code in making such a demand. Nevertheless, the case has served to call attention to the fact that there are still individuals with preconceived notions about leprosy, a disease which is difficult to transmit but whose transmission is probable through long and persistent contact with persons so afflicted; leprosy is now being treated at health centers along with any other disease. According to Agnaldo Goncalves, director of the Hygienic Dermatology Division of the Ministry of Health's Secretariat for Special Programs, only 5 percent of the cases are treated at hospitals or require the patient to be hospitalized, but in no instance is the patient isolated. This is contrary to the situation of patients who have been confined at a hospital and held in isolation for many years and who would now have difficulty returning to society.

Brazil's health system has a record of 180,000 cases. However, according to Agnaldo Goncalves, inasmuch as Hansen's disease is long in developing, with an incubation period of 5 years, the WHO is establishing criteria to adjust

the reported figures, beginning by multiplying them by 1.75, then multiplying them by 2 when the health services are barely satisfactory, and increasing them by 3 times when such services are entirely inadequate. Hence, the estimate of about 500,000 cases initially given, amounting to 0.42 percent of the Brazilian population, inasmuch as, according to the division director, the health services vary from area to area, vacillating between barely satisfactory and unsatisfactory.

The Mato Grosso do Sul incident called the attention of the Ministry of Health experts to other laws which may exist in the country discriminating against leprosy. For example, 8 years ago, the Social Welfare Department considered it standard procedure to advise lepers to retire, although they would only be disabled for work to the extent of the lesions caused by the disease.

According to Agnaldo Goncalves, an effort should be made to change the level of information available to persons afflicted with the disease, beginning with the principle that leprosy--for those who prefer to refer to Hansen's disease in that manner--is curable and does not offer any risk of transmission once the patient begins to receive treatment and is under medical care.

It is up to the Ministry of Health, through the Hygienic Dermatology Division, to plan and follow that is done in the country for the treatment of Hansen's disease, and this work is the responsibility of the state health secretariats. It is also up to the ministry, through the Central Enterprise for Medicines (CEME), to distribute the medications. For example, the expenditure for medications this year is expected to amount to about 15 million cruzeiros, and, in 1983, it is estimated that a total of 548 million cruzeiros will be spent on the purchase and distribution of chlofazimine, dapsone, rifampicine, thalidomide and prednisone for the treatment of Hansen's disease at various health centers.

In addition to the difficulties encountered in treating the disease, beginning with the fact that the patient himself hides to avoid treatment and thus admit that he has the affliction, there is inadequate training of qualified health personnel in the area, according to Agnaldo Goncalves. Therefore, the Ministry of Health is sponsoring a specialized 400-hour course in Brasilia to train multiprofessional teams; this is in addition to courses being given at regional and local levels by the secretariats of health.

8568

CSO: 5400/2025

BRIEFS

DATA ON MEASLES INCIDENCE--Brasilia--The number of cases of measles in Rio de Janeiro dropped 25 percent this year compared with 1981: from January to October, 2,295 cases were reported to the Ministry of Health, while during the same period last year there were more than 3,000 cases. Roberto Becher, director of the Ministry of Health's Division for the Control of Epidemic Diseases, says that in the country as a whole only half of the number of cases reported in 1981 came to the attention of the ministry this year: 30,000. Roberto Becker attributes this reduction in the number of cases to vaccination, in many places combined with the poliomyelitis campaign. Of all the doses of vaccine available for 1983, more than half will be prepared in individual vials; this will raise the cost per dose by about 100 percent compared with the 20-dose vial. In Roberto Becker's opinion, the increase in cost is offset by greater assurance that the vaccine will be effective and by the elimination of frequent losses: once a vial is opened, the contents must be diluted immediately, and the time limit for administering all doses is 4 hour maximum; otherwise, the vaccine loses its effectiveness. The director adds that the 50-dose vials, which were used this year, will be abandoned inasmuch as they limit the administration of the vaccine to a single campaign using hypodermic injections. "In 1983," Becker says, "all vaccinations will be made with syringes; however, they will be easy to use without the necessity of training personnel. Moreover, the number of hypodermic syringes is a limiting factor. [Rio de Janeiro JORNAL DO BRASIL in Portuguese 1 Nov 82 p 7] 8568

MENINGITIS IN MATO GROSSO--Cuiaba--Yesterday morning, the Mato Grosso Secretariat of State received 10,000 doses of vaccine to combat the outbreak of meningitis which is beginning to spread in the Santa Terezinha area, in the eastern part of the state. According to Health Secretary Hugo Leopoldo Campos, four cases of meningitis were reported in that area, near an Indian settlement. To avoid having the outbreak spread throughout the area--and perhaps affect the native tribe--the secretariat asked the Ministry of Health's vigilance sector for 10,000 doses of vaccine and sent a team of six nurses to the area to administer the vaccination and thus help the people. [Rio de Janeiro JORNAL DO BRASIL in Portuguese 15 Nov 82 p 7] 8568

BRIEFS

DYSENTERY EPIDEMIC--The epidemic of bacillary dysentery which is rampant in some parts of the country continues to strike people despite the vast efforts made by health service officials. In the district of Mbuya, Muramvya Province, where the disease first appeared 5 months ago, they have already had 400 cases, some of them fatal, according to the ABP [Burundian Press Agency] correspondent in that district. The head of the community clinic of Kivoga, with whom he spoke, told him that they are resolutely pursuing their relentless campaign against that epidemic while facing difficulties due to an increasing number of cases requiring care which makes treatment difficult since the clinic has a very small staff. Not a single hill is free of the threat, he pointed out. Isolated cases are reported everywhere in that district. In an attempt to protect those who are still free of the disease, the local authorities have adopted the necessary measures. From now on it is strictly prohibited to sell in the market any foodstuffs for immediate consumption such as fruits, peanuts and bread. Bars and restaurants have been closed and will not reopen until the disease is totally eradicated. [Text] [Bujumbura
LE RENOUVEAU DU BURUNDI in French 15 Oct 82 p 4] 8796

CSO: 5400/69

CAMPAIGN AGAINST DISEASE CARRIERS BEGINS IN YAOUNDE

Fight Against Mosquitoes Started

Yaounde CAMEROON TRIBUNE in French 8 Oct 82 p 1

[Text] In cooperation with the British "Wellcome Foundation Limited," the Ministry of Public Health on Wednesday inaugurated a spraying campaign. The objective is to destroy as many mosquitoes and flies in Yaounde as possible, since they are responsible for a majority of cases of certain transmittable diseases in Cameroon, specifically malaria, jaundice, tuberculosis, etc.... The campaign will last a year. The new insecticide to be used is "Restling 25," a chemical product which experts say is not at all harmful to man. This eradication campaign, if successful, will save citizens the money they would have spent on insecticides, which are not harmless.

Anti-Mosquito Campaign

Yaounde CAMEROON TRIBUNE in French 9 Oct 82 p 8

[Interview with Ntuba Francis, head of the hygiene and sanitation service, by Mouelle Bissi; date and place not given]

[Text] Within the framework of our social policy of "Health for Everyone in the Year 2000," a campaign against disease carriers was launched this week in Yaounde. The campaign will be under the joint direction of the Public Health Ministry and the British "Wellcome Foundation Limited."

This large-scale operation, which will cover all parts of the city, is aimed at destroying all carrier transmitters of disease in houses their surroundings and in the markets. These carriers are flies, mosquitoes, cockroaches, fleas, bugs, etc. It is no accident that this major health campaign will at first tackle only the city of Yaounde, which is a prime malaria area. Depending on the results in Yaounde, the health campaign may be extended to the whole country. To show how important his department considers it, the minister of public health, Athanase Etame Oloa, personally attended the inauguration Thursday of this anti-disease campaign. We discussed with Ntuba Francis, head of the hygiene and sanitation service and director of the project, the actual progress of the campaign.

CAMEROON TRIBUNE: What is the extent of the malaria problem in our capital?

Paul A. Hanson:

Ntuba Francis: In our hospitals, the percentage of people afflicted by malaria is growing yearly. Malaria has become the number one enemy today. The problem exists not only in Yaounde but throughout the country. Since Cameroon is in the equatorial zone, the environment is very favorable for reproduction of the transmitting carrier. Take Yaounde as an example. The rainfall is very high, and there are many swamps. All the conditions are present to make the problem even more acute. It only takes 15 days for a larva to become a mosquito. In order to effectively combat malaria, you have to begin by eliminating the breeding places. It is not enough, however, to combat the problem at the first stage, you must also eliminate the adult mosquitoes. The struggle against mosquitoes has become a necessity now that more than 30 percent of the population lives in constant danger of malaria.

Question: How does the Ministry of Public Health plan to conduct the struggle against this veritable plague, which malaria has now become?

Answer: "Health for Everyone in the Year 2000" is the primary concern of the department of health officials, and the struggle against malaria receives special attention. All possible measures are being taken to rid the population of this veritable plague, as you have rightly described it, which threatens the lives of several thousand people. In this struggle against malaria we will not limit ourselves to destroying only the breeding places. Our efforts will extend to a series of spraying the interior of houses. Moreover, the campaign now getting underway follows an in-home operation that has been going on for 3 months.

Question: What resources are being used to successfully carry out this campaign?

Answer: We have received from Wellcome Foundation (British) a shipment of equipment for this struggle against carriers of disease. It consists of five "HD Leco" sprayers that are towed by the same number of Land Rovers. Wellcome Foundation has also provided us with two "Mini Leco" sprayers that will mainly be used in combatting flies. The foundation has also offered us, free of charge, laboratory equipment and devices. The Health Ministry will cover the cost of the insecticides.

Question: Will the resources being used in this campaign be adequate to completely eliminate the breeding places and especially the transmitter carriers?

Answer: The contract between Wellcome Foundation of the United Kingdom and the Health Ministry is for 1 year. We feel that after that period the campaign could continue or stop, depending on the results achieved. As for the resources at our disposal, it can be said that they are clearly adequate.

Question: And the human resources?

Answer: The team is composed of 20 people. Under the established schedule, we hope to cover the whole city.

Question: How will the campaign be carried out across the city; have you identified priority areas?

Answer: We did not feel it would be useful to identify priority areas. One thing is certain; all areas will be covered. The city has been divided into five zones, and each zone divided into two sectors. A plan diagram of the visits within these zones and sectors will make access easier to the areas we will visit. Our work schedule is in two stages:

--An attack stage lasting 28 days, and

--A maintenance stage.

A team to inspect the results has been formed. It will regularly collect and dissect insects in order to check on treatment results by area. These results will make it possible to guide the operations in the field.

Question: What practical advice can you give the people in regard to achieving success of the campaign?

Answer: The people should be confident that there is no danger to them; the products we are using have no effect on humans, they affect only the insects. Therefore, we urge them to open their doors and windows wide for the passage of the sprayer teams.

Question: A final question. Do you think the campaign will be successful in eliminating malaria and especially in systematically destroying the mosquitoes?

Answer: If the campaign is well conducted, and primarily if the people give us their support, the incidence of malaria may decrease by 90 percent. Our goal is to decrease the incidence of this disease. If we wish to eliminate malaria altogether, it is imperative that such campaigns become a permanent activity.

9920

CSO: 5400/59

INTENSIFIED STRUGGLE NEEDED AGAINST GROWING MOSQUITO THREAT

Djibouti LA NATION DE DJIBOUTI in French 11 Nov 82 p 3

[Text] In Djibouti, public health officials have sounded the alarm: We must combat mosquitoes, and quickly. They are invading the town...

These insects, with extended abdomens and long, fragile legs, are real public enemies. It is true that most of them are of the "culex" type and are mainly a cause of discomfort; but there is a species, of which there are fewer fortunately but they are much more dangerous: the "anopheles," of which the female is the carrier and transmitter of malaria. This sickness can be fatal, not only for infants, of whom many succumb, but also for adults.

Indeed, we are just witnessing a renewed rise in the number of mosquitoes as well as the occurrence of malaria among the population. This epidemiological development poses a danger to everyone's health. A number of WHO experts have been sent to the area. Their mission: To study the general situation, identify the causative factors, and find the most suitable methods for combatting this threat.

The WHO experts have developed a kind of anti-mosquito strategy. They consider there are three main obstacles to overcome:

--Deterioration of the environment because of damaged cesspools and pools of stagnant water that are a favorable environment for the growth of mosquito larvae.

--The mosquitoes' resistance to insecticides which have been in use for more than 10 years.

--Poor supervision by health service officers working in small teams scattered throughout the town.

The purpose of the Health Ministry's recent anti-mosquito campaign was to provide a learning experience from which it could go on to develop a new strategy. The health service and the health education section then put the strategy into effect. Numerous teams were organized in all the populated areas and began operation according to a precise plan. After treatment of the cesspools, all the houses were hand sprayed. Other features of the campaign are less

spectacular but perhaps more hopeful; for example, 254 fish of a variety that eat mosquito larvae were released in various parts of Ambouli River. The cooperation between the health service and the health education section also has promising potential.

During this operation, the health officer's role was not limited to bringing a container of insecticide; he also delivered information sheets to the parents in the treated houses for the children to read to them.

The sheets explain the importance of vaccination and the role of cleanliness in combatting mosquitoes.

In the wake of this operation, a number of questions suggest themselves:

--What of the future?

--Who can assure that the insecticides currently in use will be effective 2 or 3 years hence? Hygiene is that aspect of health that deals with the environment in which man has to live, in such a way as to change it in the direction most favorable to his development. The public health administration appeals to the people for help not only in the current operation but also in the future. Health education must begin in the primary school and continue through all stages of a citizen's life. If this happens, perhaps there is hope.

9920

CSO: 5400/57

BRIEFS

ENCEPHALITIS VACCINE SHORTAGE--DURGAPUR, Nov. 13--The Health Department officials are embarrassed as the anti-encephalitis vaccine sent by the Government fall short of the demand, according to an official source. Against a demand for about 40,000 vials, less than 400 have been sent so far. To avoid criticism the local authority finds it more convenient not to administer the vaccines and have stored these instead. According to a report the Health Department personnel were beaten up by local people at Labhpur village as they had allegedly administered the anti-encephalitis vaccines only to elected representatives of the panchayat. [Text] [Calcutta THE STATESMAN in English 14 Nov 82 p 7]

MORE ENCEPHALITIS REPORTS--MIDNAPORE, Nov. 15--With two more deaths from encephalitis one each at Midnapore district hospital and at the Jhargram sub-divisional hospital, during the past two days, the death toll from the disease rose to 54 in the district, according to the district Health Department sources here today. Though the disease has been contained to some extent in Kharagpur, Jhargram and Midnapore sadar north sub-division are, still not out of danger as fresh cases are being reported from those areas. Insanitary conditions, particularly in Jhargram and Midnapore towns, are causing concern among the people and the officials. Health Department officials said that it was the job of the concerned municipal authorities for which they had been given medicines by the Health Department. [Text] [Calcutta THE STATESMAN in English 16 Nov 82 p 16]

TETANUS VACCINE RELEASED--UDHAGAMANDALAM, Nov. 9--Mr. D. V. R. Kalyanaraman, Director, Pasteur Institute, Coonoor, told pressmen today that the Institute had released the first batch of tetanus toxoid. A consignment of 1.20 lakh doses had been sent to centres in Coimbatore, Tiruchi, Madurai and Tirunelveli to be used for the expanded programme of immunisation. The institute proposed to supply about two million doses of tetanus oxide under this programme for the southern region before March 1983. The institute would release diptheria tetanus combined absorbed vaccine for school children this month, Mr. Kalyanaraman said. [Madras THE HINDU in English 10 Nov 82 p 9]

ENCEPHALITIS IN MIDNAPORE--MIDNAPORE, Nov. 9--The encephalitis menace, which as has affected people in different parts of the district for the past two months, is still causing concern to the authorities. Till now, 51 people have died and about 145 have been admitted to different hospitals. The Chief Minister, who met the district Health Department officials here last night, said there

might be other reasons for the spreading of the disease apart from mosquitoes. He however, asked the officials to step up the anti-mosquito drive. [Text]
[Calcutta THE STATESMAN in English 10 Nov 82 p 16]

BENGAL ENCEPHALITIS DEATHS--Mr Ambarish Mukherjee, West Bengal's Minister of State for Health, told reporters in Calcutta on Friday that 478 people had died of encephalitis and another 1,252 had been attacked with the disease. In Burdwan district alone 223 had died of the disease. The other deaths occurred in Bankura and Midnapore. The Minister said he would discuss with the authorities of Eastern Coalfields measures for curbing the incidence of the disease in the coal mines areas. The State Government had written to the Centre seeking permission for import of encephalitis vaccines, but the latter had not yet replied. Our Correspondent In Midnapore adds: The death toll from encephalitis in the district rose to 52 when one person died in the Jhargram Sub-divisional Hospital on Thursday, according to the district Health Department sources in Midnapore on Friday. Fresh cases of encephalitis were reported when some people from the the Manikpur area of the town were admitted to the Midnapore District Hospital on Thursday night. It was alleged that anti-mosquito drive and disinfecting of drains in the district town had not been stepped up, despite the Chief Minister's instructions to the district Health Department officials during his visit to Midnapore on November 8.
[Calcutta THE STATESMAN in English 13 Nov 82 p 16]

CSO: 5400/7050

GOVERNMENT'S CHILD IMMUNIZATION PLAN REPORTED

Maseru LESOTHO WEEKLY in English 12 Nov 82 p 3

[Article by Keona Kotsokoane]

[Text]

FOR many years the Minister of Health through its static units (hospital clinics, health stations) have conducted vaccinations of children against certain childhood infections, previously with the main emphasis on smallpox.

Concurrent review indicated that vaccination coverage was of such low standard that it was doubtful of the effect it was having in reducing the mortality and morbidity caused by diphtheria, whooping cough, polio, measles and tuberculosis among the child population.

A DECISION

In keeping with the Ministry's policy of providing health services to the rural population and later in keeping with the Government's commitment to the World Health Organisation (WHO) policy of "Health for all by the year 2000",

a decision was taken to expand immunization services in 1975.

In this regard, a loan agreement for launching the project was signed by the Lesotho Government and the African Development Bank (ADB) in 1976.

SMALL EPIDEMIC

Following a small epidemic of polio in 1976, immunization in Lesotho was to be intensified through the Expanded Programme of Immunization (EPI).

It was initiated in 1978 and is funded by the Government of Lesotho, Save the Children's Fund, the African Development Bank, the United Nations Children's Fund and the World Health Organisation.

The objective of EPI is that by the year 1985, every child born in Lesotho will be fully immunized during its first year of life. In

keeping with this objective several targets have been set for each year.

TARGET

Target number one is that at least 70% of Lesotho's child population should be immunized; secondly, that all school entrants (aged five to nine years) should receive a tuberculosis booster; thirdly, that an international evaluation in 1984 be conducted to allow for improvements; fourthly, to have the immunization programme fully integrated into the general framework of primary health care by 1985; and lastly, to reduce by 80% the infant mortality due to the mentioned diseases by 1990.

The Ministry of Health has the general responsibility for all health programmes in the country, but directly manages only the

public sector health institutions consisting of 11 hospitals and 26 clinics plus associated outstations. Responsibility for the remaining eight hospitals, 69 clinics and associated outstations is shared by private organisations which are missions and the Lesotho Red Cross Society.

PHAL

These mission institutions, however, co-ordinate their activities with the Government through the Private Health Association of Lesotho (PHAL).

All health institutions in the country (with exception of two specialist hospitals) are immunization centres.

They have been supplied with refrigeration facilities or vaccine storage; vaccines and vaccination equipment to carry out these tasks and will be given all other logistic support necessary

irrespective of whether they are Government-run or missions. EPI management will supervise them regularly.

TEAMS

Mobile teams continue field immunization to complement the coverage of the fixed health units. Their work schedule is prepared in consultation with the District Medical Officer and the District Public Health Nurse, the latter assumes responsibility for the day-to-day supervision of the teams operating in the districts.

Responsibility for organising and administering EPI activities lies with the EPI unit which is under the direct supervision of the Director of Health Services, Dr. Arabang Maruping.

The central level of programme is responsible for the overall administration and technical aspects of the programme. It is in turn

supported by the EPI co-ordinating committee.

While it was found necessary to create a special unit in the Ministry of Health for the management of EPI at its implementation level, there has been full intergration of all the services from the very inception. Further, the topic of immunization is fully integrated into the curricula of the training schools for the various categories of the health staff.

At present serious consideration is being given to strengthen the collaboration between the EPI management and the Mother and Child (MCH) co-ordination office with a view to integrate it. To this end, the EPI/MCH field supervisor has been appointed.

The EPI management participate in the planning and running of re-orientation courses for all categories of health personnel engaged in primary health care delivery, including the training of village health workers.

THREE STATES REPORT INCREASE IN MALARIA CASES

Threefold Increase in Perak

Kuala Lumpur NEW STRAITS TIMES in English 25 Oct 82 p 11

[Text]

TAIPING, Sun. — Malaria has gained a foothold again in the country because of jungles being cleared for land development, especially along the border with Thailand.

Deputy Health Minister Datuk K. Pathmanaban said the anopheles mosquito that spreads the disease flourishes in these newly cleared areas as it gets plenty of sunshine and water.

Malaria has been endemic in South Thailand and the Orang Asli has been the traditional carriers. So the danger of the disease spreading was always there, he said.

Datuk Pathmanaban was speaking after attending a cultural show organised by the Kamunting MIC at the Town Hall here last night to raise funds for education.

The Deputy Minister expressed concern over the increased number of malaria cases in Perak.

"There were 2,160 cases during the first seven months of this year — three times more than the 860 cases reported for a similar period in the State last year," he added.

Precautions

"About 60 per cent of the cases were in Hilir Perak and 38 per cent in Hulu Perak."

There were eight deaths from the disease reported last year.

Datuk Pathmanaban said most of those affected were security personnel and the police field force who went on border operations.

"All armed forces medical personnel have been briefed to take preventive precautions," he said.

Contract workers engaged to fell trees in the border areas are also being affected by malaria.

Datuk Pathmanaban said it was not necessary at present to have a massive country wide campaign against malaria, like for dengue, because only border areas are affected.

The Orang Asli in the various settlements are being thoroughly screened and blood samples taken to check the spread of the disease, he said.

On dengue, he said Perak enjoyed its first disease-free week in 39 weeks.

Imported Into Kedah

Kuala Lumpur NEW STRAITS TIMES in English 25 Oct 82 p 11

[Text]

ALOR STAR, Sun. — Contract workers in the Baling and Sik districts who pass through thick jungles to work in land schemes in Perak may be responsible for the increase in the number of malaria cases in Kedah.

State medical and health services director Dr Ahmad Shah bin Syed said the sudden increase in the number of malaria cases was due to workers "importing" it into the State.

The worst affected areas, he said, were the Sik, Baling, Kubang Pasu and Padang Terap dis-

tricts in north Kedah.

Dr Ahmad Shah said contract workers returning from Perak were found to be suffering from malaria and were being treated in the Sik and Baling district hospitals.

"However we have recently tightened checks in both districts and anyone coming down with fever is checked for malaria."

Parasite

A total of 599 malaria cases were treated in the State since the beginning of the year compared to

405 cases for the whole of 1981.

He said district hospitals and health centres had been directed to take blood smears to be examined for malaria parasite.

He said travellers to Thailand were also bringing in the disease in the Kubang Pasu and Padang Terap districts which have a common border with Thailand.

He added that border health teams had been alerted to check on travellers crossing the border to Thailand and back.

On suggestions that the rise in malaria was due to the opening of land schemes, he said the vector anopheles macaleus mosquito bred well in such areas.

"The mosquito requires clean, slow moving water and adequate sunshine."

Kelantan Worst Affected State

Kuala Lumpur NEW STRAITS TIMES in English 19 Oct 82 p 3

[Text]

KOTA BARU, Mon. — Malaria has caused eight deaths in Kelantan up to the end of September — a four-fold increase over last year's death toll and double the dengue deaths in the State.

State Health and Medical director Dr Jones Varughese said this was a dangerous situation as the vector — the anopheles mosquito — was always present and difficult to eliminate.

The deaths, he said, included two brothers who died on the day they were admitted in a critical condition to the hospital.

Dr Varughese said he would attend a meeting on malaria at the Health Ministry in Kuala Lumpur tomorrow.

All State directors of Health and Medical Services are expected to attend — an indication of a serious development.

He said the main affected areas in the State

are Tanah Merah, Ulu Kelantan and Kuala Krai where most of the cases came from.

There were 2,542 reported cases up to Sept 30. This makes Kelantan the worst affected State in the country as the figure is nearly half the national total.

He said the sudden increase in the number of cases was due to complacency as victims treated the fever lightly and did not complete the recommended medication.

"Anyone with fever should seek treatment at a clinic or hospital immediately."

"Confirmed malaria victims should go to the nearest hospital. This is to cut down the spread of the disease."

He said the two labourer brothers came from Ulu Dong, Raub, to their Wakaf Baru home and developed fever.

"They only came to the hospital at the last minute. One brother, 29, was admitted on March 23 and died the same day."

"The elder brother, aged 40, came to the hospital two days later. He too died the same day," Dr Varughese said.

Most of the malaria victims, he added, were from land schemes or those who had visited and stayed overnight in land schemes.

Dr Varughese advised patients to strictly follow doctors' orders.

"Some patients took the prescribed medicine for only three days when the medication is for a week. The medicine will then not be effective," he said.

Two deaths have been reported in Wakaf Baru while one death each has been reported in Gua Musang, Pasir Puteh, Rantau Panjang, Gunong in Bachok, Pasir Mas and Dabong, Kuala Krai.

CSO: 5400/8410

DENGUE, CHOLERA REPORTED IN EAST MALAYSIA, BRUNEI

Kuala Belait BORNEO BULLETIN in English 30 Oct 82 p 48

[Text]

KOTA KINABALU. —

A 15-year-old secondary school student has become the third Sabahan to die of suspected dengue haemorrhagic fever since the outbreak began in August.

The youth, from the Labuk-Sugut District, died on Thursday last week about three hours after being admitted to Sandakan's Duchess of Kent Hospital.

Sabah had recorded 20 dengue cases to last Saturday, while Sarawak had a total of 100 for the year to Tuesday this week but only one dengue death.

Cholera also continues to be a serious health threat and has appeared in Brunei for the first time in several years.

Three cases and several carriers have been detected in the state.

Sabah had 13 new cases during the week ending last Saturday which raised the total for the year to 281.

One case was from the Papar District, the rest from Tawau.

Sarawak's total hit 94, with three new cases being detected during the week ending Tuesday.

MOZAMBIQUE

BRIEFS

MEASLES STATISTICS--There were 12,553 cases of measles in Maputo from January to October of this year, with 111 deaths registered. This information was included in the latest statistics of the center for preventive medicine and medical examinations. According to a source related to the epidemiology sector, the main causes of the diseases are the absence of vaccinations and disregard for the most elementary rules of sanitation. [Text] [Maputo TEMPO in Portuguese 28 Nov 82 p 4]

CSO: 5400/92

HEALTH FACILITIES UNDER SIXTH PLAN REVIEWED

Karachi DAWN in English 1 Dec 82 p 5

[Text]

ISLAMABAD, Nov 30: A High-level meeting reviewed in detail the action taken on the decisions of the Federal Cabinet on Mehboob-ul-Haq Committee report on the employment and service prospects for doctors in the country, here on Monday morning.

The meeting, which lasted about four hours, was chaired by the Federal Minister for Health and Social Welfare, Dr. Nasiruddin Jogezi, and was attended by the Health Minister of Sind, Syed Ahad Yousuf and high officials of the Ministry of Health and officials of the Health Departments of Punjab, Sind and North West Frontier Province.

The meeting was informed that the Budget allocation for the health sector in the Sixth Five-Year Plan is going to be enhanced appropriately for providing adequate health facilities to both the rural and the urban areas.

It was confirmed that 1500 posts of medical officers are being created in the existing basis health units during the current fiscal year in order to appoint one additional doctor (in addition to the two already planned under the basic health scheme) in each rural health centre and one doctor in each basic health centre until including dispensaries.

The meeting noted that Punjab and the provincial governments will be required to provide house jobs to all medical graduates by the year 1984-85. NWFP and Baluchistan governments are already providing 100 per cent house jobs to their medical graduates.

The provincial governments were asked to formulate plan of action to induce male doctors to serve in rural areas for two years and female doctor for one year on voluntary basis. Giving them attrac-

tive incentives such as accommodation, scholarships, rapid promotions and loan facilities for establishing their own private clinics etc. etc.

Introduction of second shifts of doctors and specialists in the out patient departments of the teaching, district and tehsil hospitals was also considered at length.

The meeting identified flaws of the present system of examination of F.Sc and reviewed the present criteria for admission to the medical colleges. The meeting considered various possible ways and means including introduction of computer in the examinations in order to improve the standard of the medical profession in the country.

Question of providing health facilities in the schools, results of imposing ban on quackery and progress in blood donation campaign also came up for discussion at the meeting.—APP.

CSO: 5400/4341

SIND RURAL HEALTH CENTERS TO GET 60 FEMALE DOCTORS

Karachi DAWN in English 3 Dec 82 p 8

[Text]

HYDERABAD, Dec 2: Dr. Attiya Inayatullah, Advisor to President for Population has said that the government has decided to post soon 60 female doctors in various health centres of the rural areas in the province.

Addressing Councillors and prominent citizens at Umerkot in Tharparkar district on Tuesday morning, Dr Attiya said the Government was not oblivious of the difficulties and problems being experienced by the poor rural masses and was doing its utmost to mitigate their sufferings.

She said priority was being given to provision of health care to children upto 5 years of age because the mortality rate among them is 125 in 1000. She disclosed that the Government is opening large number of family welfare centres and maternity homes to provide maximum medical facilities to women and their children. She said that a training course would be opened soon for midwives.

Dr. Attiya who along with 27 women journalist (who are attending women journalist workshop being held at Hyderabad these days) visited Umerkot for a day, told the audience that these women journalist had come to Umerkot to apprise themselves of their problems.

She also visited the three-day productive health extension service camp organised by the Population Welfare Organisation. She explained the working of the camp to the women journalists. Dr. Attiya also visited a village in the desert area and met village women clad in their traditional dress. She admired the "desert stitch craft" and expressed the hope that it would be developed on commercial lines.

CSO: 5400/4341

NEW TUBERCULOSIS WARD PLANNED

Karachi DAWN in English 25 Nov 82 p 8

[Text]

<p>SUKKUR, Nov 24: Dr Gulzar Ahmad Sheikh, Civil Surgeon, Civil Hospital, Sukkur, told a Press conference here on Sunday that a new tuberculosis ward would be set up in the hospital. For this, he added, a scheme, envisaging an expenditure of Rs. 12 lakh, had already been submitted to the Government.</p> <p>The Civil Surgeon said one more ambulance for the Civil Hospital was expected in a month's time. For general repairs, he said, Rs. 2.50 lakh were already available.</p> <p>Dr Sheikh said that the Rs. 5.95 lakh budget for medicines was not sufficient to meet the needs of the</p>	<p>hospital.</p> <p>The hospital authorities had urged the Government to allocate more funds for the purpose.</p> <p>He told questioner that there was no shortage of blood at the hospital and added that eight bottles of blood were always available for use in case of emergency. He said that X-ray films were also available at the hospital.</p> <p>Replying to another question he said that since he took over the charge of the hospital six months ago, the number of indoor patients had increased from 80 to over 100.</p> <p>The Civil Surgeon said that the</p>	<p>doctors of the hospital had to perform extra duty, under government directive, because there was shortage of doctors. "We have requested the Government to increase the number of doctors so that we can have separate doctors for the Casualty Ward", he added.</p> <p>Dr Sheikh refuted allegations that a woman had died outside the premises of the hospital. He said that the woman had been brought to the Indoor Patients Ward by her relatives but she expired within five or seven minutes because she was in a very critical condition.</p>
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CSO: 5400/4341

SAO TOME AND PRINCIPE

BRIEFS

SUCCESSFUL MALARIA CAMPAIGN--The number of malaria cases in the Democratic Republic of Sao Tome and Principe has dropped from 20,000 to 600 per day, according to information provided by the local health authorities in connection with statistical data for the last few years. Malaria has always been the cause for high infant mortality in the archipelago. Sao Tome and Principe Minister of Health Dr Carlos Tiny said that one of the objectives of his government in the post-independence period was to decisively eradicate malaria from the Sao Tome territory. A country-wide campaign against malaria was launched in 1980, the result of which was a drastic drop in fatalities among children affected by the disease. [Text] [Maputo NOTICIAS in Portuguese 29 Nov 82 p 5]

CSO: 5400/99

SOUTH AFRICA

BRIEFS

CHOLERA WARNING--Port Elizabeth--Health officials in Port Elizabeth have warned that cholera, the disease that has reached epidemic proportions on the Natal South Coast, could reach the Eastern Cape. Dr J D Krynauw, the Eastern Cape regional director of the Department of Health, Welfare and Pensions, said yesterday: "There is a possibility of cholera spreading to the Eastern Cape. It would be wise for us to repeat previous warnings against drinking unpurified water." Dr Krynauw said that as cholera germs were borne in water, the public should avoid using water which was in any way suspect. Fruit and vegetables should be washed before eating and people should observe strict personal and domestic hygiene. Dr Krynauw said the incidence of cholera seemed to subside slightly during the colder months and the danger was greater during summer. As cholera was contagious, it would be very difficult to prevent an outbreak in the Eastern Cape, as carriers from Natal could enter the region from Transkei.--Sapa. [Text] [Johannesburg THE CITIZEN in English 30 Nov 82 p 11]

CSO: 5400/84

CIRCULAR SAYS NATION STILL FACES INFECTIOUS DISEASE PROBLEMS

Dar es Salaam DAILY NEWS in English 24 Nov 82 p 3

[Text]

THE Government has said while the national health sector has made progress, the country was still faced with problems of infectious diseases.

A circular issued by the Minister of Health, Dr. Aaron Chiduo, and made available to the Press in Dar es Salaam yesterday, states that the problem centred on the control

of the diseases also caused by poor environmental conditions.

The Minister, who was addressing himself to all workers in the health sector, singled out measles as the most important disease calling for concerted action.

He said measles was responsible for the deaths of 24,000 children per annum, or 2,000 every month. He called for a recharge of efforts to ensure that children were vaccinated against measles at the age of 9 months.

Tanzania aimed at reducing the present death rate of children under one from 135 to 50 in every 1,000 by the year 2000, he said.

Ndugu Chiduo, further said that the ministry was determined to raise life expectancy from the present 51 to 60 years by the year 2000.

The circular pointed out that infectious diseases and those caused by poor health environment included tuberculosis, measles, cholera, dysentery, bilhazia, ring worm

and tetanus.

The minister added that deaths in the country were mostly caused by these communicable diseases as well as malaria, sleeping sickness and plague.

The high mortality, he explained, was compounded by poor nutrition among children and mothers. Old taboos and traditions observed by people in the villages have also contributed to a number of deaths in the country, he said.

The minister told the medical officers in the circular that it was imperative that workers and peasants be educated on all preventive measures.

"It is a shame that we should fail to contain diseases like cholera and dysentery whose main cause was simply poor environmental control both in the rural and urban areas and only requiring proper use of toilets and latrines," he said.

He called on Ten-Cell, ward and divisional leaders to play a major role in mobilising workers and peasants to keep their surroundings clean.

Dr. Chiduo said his ministry would launch a nation-wide campaign to immunize children against tuberculosis, whooping cough, polio, measles and tetanus.

Regarding malaria, he said that about four per cent of the people admitted to hospitals

suffering from the disease, died. He said the people would help government efforts if they destroyed mosquito breeding grounds in their surroundings.

The minister said so far measures had been made to improve the people's health since independence, but said that was not enough.

DYSENTERY, MALARIA, MEASLES DEATHS REPORTED

Dar es Salaam DAILY NEWS in English 24 Nov 82 p 3

[Article by Charles Rajabu]

[Text]

THREE hundred and sixty seven people died of dysentery, malaria and measles between January last year and September this year, the Deputy Minister for Health and Social Welfare Ndugu Ali Mohamed Shoka told the House of Representatives here yesterday.

He was answering a question by Ndugu Hamad Khamis Hamad (Revolutionary Committees, Wete District). Ndugu Mohamed said 100 people died of dysentery out of 4,330 affected victims, 82 others out of 10,475 died of malaria, and 185 children under five, died of measles from a total of 8,649 affected victims.

The Wete had representative wanted to know the total number of people who died of dysentery, malaria and measles and what measures were being taken to curb these diseases.

The Minister told the House that the mass campaign on health education including proper use of toilets and how to prevent

dysentery was already underway throughout the Isles. The programme is being conducted through mass media, schools and Party branches.

A special anti-malaria project is also being implemented, and according to the Deputy Minister, this includes the spraying of all mosquito breeding places.

He said further research into the disease was continuing, and once completed, the spraying exercise would start.

On measles, the Deputy Minister said that beside vaccination services offered at Mother and Child Care centres in the villages, another anti-measles programme had also been initiated through aid of the Danish International Development Agency (DANIDA) and another firm, Quamm of Italy.

The programme also covers inoculation against whooping cough, tetanus, polio and diptheria (throat diseases). The programme had already started in Pemba and will soon start in Zanzibar, he said.

CSO; 5400/85

BRIEFS

CHOLERA DEATHS, INCIDENCE--Seven people have died of cholera and 34 others have been treated against the disease in Nkasi District. Reports reaching Sumbawanga from Namanyere, the district headquarters, have said the district, which recorded 10 deaths by cholera last month, had run out of drugs to treat new patients. Nkasi District leaders told "Shihata at the weekend that they suspected 60 people had died of cholera since the disease re-surfaced in the area three months ago. The District Health Officer, Ndugu Clement Mwansumbi, has attributed the high death rate to non observance of quarantine regulations by the people who continued to visit homes of cholera patients. [Text] [Dar es Salaam DAILY NEWS in English 22 Nov 82 p 3]

CHOLERA DEATHS--Five people are reported to have died from a recent outbreak of cholera in Mwanza region. The Mwanza regional chief medical officer, Ndugu (Mafali), said 11 of the 16 ill people who had been admitted into various hospitals in the region have been permitted to return home. [Excerpt] [Dar es Salaam Domestic Service in Swahili 0400 GMT 2 Dec 82]

MWANZA CHOLERA DEATHS--Cholera has killed five people here, the Regional Medical Officer, E.K. Masali has reported. He said 16 people were admitted in hospital in the region after the outbreak of the killer disease. Two of the deceased were from Mwanza, two from Ukerewe and one from Magu Districts. [Text] [Dar es Salaam DAILY NEWS in English 3 Dec 82 p 3]

HOSPITAL ADMISSIONS FOR DYSENTERY--KIBAHA--Twenty people have been admitted at the Kibaha District Hospital after contracting dysentery. The Kibaha District Medical Officer, Ndugu G. Mtei, told Shihata yesterday that 13 were National Service youths from the Ruvu camp and three were students from the Rural medical aid school in the district. [Text] [Dar es Salaam DAILY NEWS in English 16 Nov 82 p 3]

BRIEFS

HEALTH STUDY GROUP--Scarborough--A committee to look into all aspects of public health in Tobago will hold its first meeting at Scarborough Health centre on Monday morning. The committee which has been set up by the Tobago House of Assembly comprises assemblymen Ken Jones, chairman of the health and sanitation committee, acting County Medical Officer Dr Lance Austin; public health inspector Aston Phillips and Mr Woodrow Lawrence, Mr Clifford George. Mr George Graham and Mr Tutil Arnon. Mr Jones commented: "It is a fact that residents are not getting the house-to-house services they require unless they provide the transportation for the health crews. 'We feel that this is an unfair practice so we'll be looking into that and other matters pertaining to the health situation in the island, including scavenging. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 19 Nov 82 p 6]

CSO: 5400/7518

RESEARCH ON VARIETY OF DISEASES URGED

Kampala UGANDA TIMES in English 16 Nov 82 p 4

[Editorial: "Intensify Research"]

[Text] Research to evolve more effective drugs for various diseases has been the main preoccupation of scientists the world over.

Common diseases like colds and malaria, may be thought too simple to combat, but that is not the case.

That is why the Uganda Trypanosomiasis Research Organisation (UTRO) situated on the Tororo-Busia road is to hold a one-day seminar tomorrow. This seminar will essentially look into malaria as a disease and chloroquine resistance, sleeping sickness and magana. These are quite common attacks in the tropics, Uganda being one of the countries.

Mankind has come quite near to providing an effective cure for these diseases, through persistent research. But some of the cures bring about side effects which by themselves can claim lives. Take the case of measles in both infants and adults. It is high time that UTRO as a research centre, looks into this also and other common diseases.

Cattle diseases are also expected to feature prominently. Diseases affecting cattle in this region of Africa have likewise claimed large herds. A recent calamity of foot and mouth disease part of which has remained a nightmare to cattle keepers in Teso and northern Uganda. Evaluation of these common cattle diseases, should also be taken into account.

We are also made to learn that the seminar will dig deep into many aspects of diseases, their cure, their causes and such related thing. We are sure the knowledge which will be shared in the seminar, will benefit the whole of this country. We give all our support to the institution in its efforts to revive a feeling for mankind and our animals.

UTRO came into existence after the break of the East African Community. Uganda took it to itself and renamed it as such, from the original East African Trypanosomiasis Research Organisation (EATRO). It is, however, still a part of the mediation subjects, for the now defunct community. Nevertheless, Uganda has continued to offer the same old cherished services from the institution.

The decision to organise a seminar at UTRO, is a very welcome idea on the reality of national rehabilitation and reconstruction. The seminar should mark a complete return to normal functions of the institution. We are rightly informed by the institution boss Dr S.C, Masaba, that the seminar has attracted brains from Makerere University, ministry of health and that of Animal Industry and Fisheries. Also to attend, are some international agencies.

We wish the participants the most fruitful deliberations ever.

CSO: 5400/91

BRIEFS

AMEBIC DYSENTERY--1,515 cases of amebic diarrhea--including 13 cases in the Bumba area, 217 among the population of Monzamboli, 317 among the population of Yalosemba, 346 in the locality of Yambuku and 502 in the locality of Ebonda--were reported during the first 6 months of this year by the health services of the subregion of Mongala currently engaged in a health campaign to combat a dysentery epidemic present in that region since the beginning of the year. Dr Luban, regional medical inspector for the Equateur Province, who gave the above figures to AZAP [Zairian Press Agency], said that another medical team is fighting the epidemic in the Bongandanga area. The regional medical inspector said that so far they have not been able to identify the germs causing that epidemic. As for the measures being contemplated to counteract the epidemic, Dr Luban indicated that the services under him plan to establish a sanitary cordon and to set up health centers on the main roads between Bumba and Yambuku and between Bumba and Aketi in the Haut-Zaire Province. The purpose of the health centers, the creation of which depends on the means available, is to instruct the population on sanitary measures against dysentery and to treat cases when they are detected. [Text] [Lubumbashi MJUMBE in French 11 Aug 82 p 2] 8796

CSO: 5400/70

LUAPULA CHOLERA OUTBREAK 'SERIOUS'

Lusaka TIMES OF ZAMBIA in English 20 Nov 82 p 5

[Text]

MEMBER of the Central Committee for Luapula Province, Mrs Mary Fulano described the outbreak of cholera in her area as serious.

Mrs Fulano, who has just returned from a tour of the affected region, said Nchelenge, Kashikishi, Chief Mununga's area and Kawambwa were the most affected.

She said 337 cholera cases had been treated and 31 deaths had occurred since the outbreak of the disease.

The reappearance of the disease was blamed on the movement of people across the border with Zaire.

Mrs Fulano warned people particularly the travelling public not to panic but to co-operate with health authorities to bring the disease under control.

To fight the disease road blocks had been mounted at some points in Mansa, Kawambwa and Nchelenge at which travellers were vaccinated against cholera.

People had been asked not to sell drugs given to them as they were for their benefit.

She warned members of the Mulonda church, who had been refusing to take cholera medicines because of their religious beliefs, they would not be allowed to travel.

People in the province were advised to maintain a high standard of personal hygiene.

The Central Committee member said people should drink boiled water. — Zana/ZIS.

BRIEFS

CHOLERA PREVENTION APPEAL--Eastern Province permanent secretary Mr. Jabes Sakala yesterday appealed to the Ministry of Health to take necessary precautions to prevent an outbreak of cholera in the province by intensifying hygiene campaigns in schools, markets, bus stations and villages. Opening the 12th meeting of the Eastern Province integrated health services committee at Chipata general hospital yesterday, Mr. Sakala urged the ministry to brace itself for a possible outbreak of the killer disease by ensuring that it had the necessary tools ready to fight it. [Excerpt] [Lusaka DAILY MAIL in English 27 Nov 82 p 5]

KAPUTA CHOLERA RECRUDESCENCE--Cholera has broken out afresh in Kaputa district. Provincial medical officer for Northern Province Dr Zakinndin Merchant disclosed that there were 31 cases of the killer disease in Kawama and Chipango villages. He said health authorities have now restricted the movement of people and banned the sale of fish in the two villages in a bid to control the disease. The other measure introduced by health authorities, is the setting up of check points on the road leading to Kaputa from Mporokoso. The last case of the disease was reported in the area two years ago.--ZANA [Text] [Lusaka DAILY MAIL in English 22 Nov 82 p 1]

MUFULIRA CHOLERA 'UNDER CONTROL'--The provincial medical office in Ndola has assured the public that there are enough doses of cholera to go round in Mufulira and urged them not to panic as everything is under control. A spokesman from the provincial medical officer's office said this yesterday when he allayed fears expressed by secretary of the Mufulira district surveillance committee, Mr Ezron Musonda, that there were only 3,000 doses of cholera vaccines to go round as compared to a population of 150,000. Mr Musonda was reported as saying that there was no possibility of conducting an intensive immunisation exercise against the killer disease because the present stocks of vaccines were not enough. The spokesman said that his office sent enough doses to the district on Thursday and that the situation was under control. "There is nothing to panic about because we have already dispatched adequate stocks to the district. The situation is under control and we feel that with the present doses, we can cope and contain the disease," the spokesman said. He could not give the number of doses that were dispatched but said that besides those drugs, the Zambia Consolidated Copper Mines (ZCCM) health department also had enough stocks to augment what the Government had provided.--ZANA [Text] [Lusaka DAILY MAIL in English 13 Nov 82 p 3]

NATION MOVES CLOSER TO FREE HEALTH FOR ALL

Harare THE HERALD in English 16 Nov 82 p 6

[Article by Shelley Winter]

[Text]

FREE health for all by the year 2000, no matter how far-flung the area or how poor the family — a mere dream or a fast approaching reality?

When the Government of Cde Mugabe came to power many promises were made such as the establishment of free health care and clinics in all rural areas.

At the time it was estimated by the then Minister of Health, Dr Herbert Ushewokunze, that although 80 percent of the country's population lived in the rural areas, there were only 28 district hospitals and 16 doctors to administer the 55 districts.

Of the 243 rural clinics operational before the war, 180 had been forced to close, and the statistics of infant mortality — 120 in every 1 000 — were pitiful to say the least.

The minister planned to remedy this drastically. Doctors would be encouraged to do stints in the rural areas, and the flow of money to urban hospitals would be rebalanced to take account of rural needs.

Medical students studying at the Godfrey Huggins School of Medicine would be sent to rural areas to practise primary health care.

Although not all these

plans have been accomplished, tremendous strides have been taken. By March 1981 two-thirds of the clinics had been repaired or rebuilt and the number continues to increase.

A massive project to build 316 rural health centres in three years was also started, and by October this year 50 had reached various stages of development despite financial snags.

The number of doctors in the rural areas had also increased, with aid from Pakistani and Italian doctors. Doctors from Egypt and Norway are to arrive before the end of the year.

Fifth-year students at the medical school are taking part in two-week attachments to rural clinics, and the entire medical curricula is under extensive review based on primary health care.

The introduction of free health care for people earning less than \$150 a month has also made a marked change in the field. Vast increases in attendance at municipal clinics and hospitals throughout the country have been registered and staff, particularly in the rural areas, are hard-pressed to cope. Their dedication to duty has, however, been praised repeatedly.

But some people have abused the privilege, with very few patients earning over \$150 a month prepared to pay fees, according to the Health

Minister, Dr Oliver Munyaradzi.

In an interview last month he said another problem was that many people with trivial ailments expected care and were threatening to over-run the service. The ministry was considering linking up with the Department of Social Services to screen people earning less than \$150.

The number of clinics and rural doctors has increased, but what about the incidence of disease and health in general?

A remarkable decrease in notified anthrax cases — from 541 in 1980 to 91 in 1981 — has been achieved, and a similar drop was reported in measles deaths. Of 1 103 measles admissions to the Harare's Beatrice Road infectious diseases hospital in 1980, only 1.6 percent died — compared to 5.73 percent of 1 030 in 1978 and 5.2 percent of 2 460 in 1979.

Whooping cough cases decreased from 157 in 1980 to 64 last year. A striking reduction of toddler deaths at a Harare rural clinic — more than 25 percent — was also recorded.

The decrease in disease is attributed mainly to preventive medicine. More than 7 000 children in Bindura received the requisite five injections last year and 94 000 in the Victoria Province had measles injections.

The provision of clean water and sanitation in rural areas has also contributed to better health.

The importance of clean water and hygienic sanitation to all cannot be over-emphasised in attempts to improve the nation's health, says Dr Richard Laing, the medical superintendent at Bindura Hospital.

More than 180 Blair latrines had been built in the Bindura area by May, and a further 252 in Chilimanzi last year. The

incidence of reported diseases has declined dramatically in both areas.

But while measles, whooping cough and child deaths are on the decrease, notified tuberculosis cases have doubled in the past four years to 899 in Harare alone. Typhoid has also doubled, with 123 cases reported in 1980 to 250 last year.

But probably the most contagious diseases Zimbabwe now has to fight are sexually transmitted ones. Nearly 50 000 people were examined last year at Harare STD clinics, 18 000 more than in 1980. In Bulawayo 40 000 cases had been reported last year, double that of the year before.

Herpes, a newly-discovered STD, has also reached Zimbabwe.

However, with an STD awareness campaign launched in 1981, the incidence of STD is expected to stabilise and decrease.

CSO: 5400/84

RAINY SEASON POSES HEALTH PROBLEMS FOR RURAL FOLK

Harare THE HERALD in English 16 Nov 82 p 6

[Article by Moeletsi Mbeki]

[Text]

THE approach of the rains and of the beginning of the agricultural cycle has always been viewed with foreboding by rural folks and by governments. If the rains are late or are not enough there is trouble in store for the following year.

The agricultural season, which in Zimbabwe lasts from November to April, is physically also the most trying time for most of the people — the 80 percent of the population who live in rural areas.

During this period the most arduous and physically demanding tasks such as ploughing have to be done, and they have to be done fast. The Ministry of Agriculture estimates that as much as 50 percent of the crop can be lost if there are delays in planting.

In health terms, the agricultural season is therefore the most critical time for most people.

As their food reserves decline, which they invariably do as the

season progresses, the demands on their energy levels mount. The inevitable consequence is the rapid deterioration of the health and general physical fitness of the rural population.

Dr David Saunders, of the University of Zimbabwe's medical school, in a recent article published in International Journal of Health Services found that "cases of undernutrition rose markedly in the agricultural season".

This decline in the physical fitness of the

people, and therefore of their ability to resist diseases, occurs at the very time that the countryside is most infested with germs because of the presence of water.

The rains are a blessing because they make the ground soft and easy to plough. They also supply the moisture needed for the seeds to germinate and for the plants to grow.

But they are a mixed blessing because where there are inadequate sanitary installations,

such as toilets and piped water, water is one of the chief sources of diseases.

"The most common diseases and causes of death in Zimbabwe are diarrhoea, malaria, measles, pneumonia, malnutrition, tuberculosis, and trachoma," says Dr Saunders.

"These diseases fall into two main groups: nutritional deficiencies and communicable diseases. These categories interact with and aggravate each other."

He classifies the main diseases affecting most

people in Zimbabwe as follows:

NUTRITIONAL:

Undernutrition and associated vitamin deficiencies.

COMMUNICABLE:

Airborne: Viral

— influenza, pneumonia, measles, chickenpox.

Bacterial — whooping cough, diphtheria, meningitis, tuberculosis.

Water-borne or water-washed: cholera, typhoid, diarrhoea, infectious hepatitis, poliomyelitis, skin-and-eye infection (trachoma, leprosy), skin infestation (scabies).

Water-based: Bilharzia.

● Water-related insect carriers:- Sleeping sickness and malaria.

Dr Saunders says that if the people in rural areas grew and ate more beans and groundnuts they would go a long way towards improving their health.

It is not so much the shortage of protein that leads to undernutrition, he says it is rather the shortage of energy-rich foods. Beans and groundnuts supply the needed fats and oils which are the sources of energy.

CSO: 5400/84

BANGLADESH

BRIEFS

MYSTERY CATTLE DISEASE--BRAHMANBARIA, Nov. 1--At least 250 cattle heads died of unknown diseases in the two villages of Nasirnagar Police Station during the last 3 months, it is learnt. The worst affected areas were Luxmipur, Magbulpur under Nasirnager Police station and Kalicatcha under Sarail Police Station. The villagers told this correspondent that they had lost cattle heads in the absence of proper diagnosis and medicine and also due to the negligence of the local animal husbandry authority. They complained that local animal husbandry failed to protect the cattleheads. [Dhaka THE NEW NATION in English 3 Nov 82 p 2]

CSO: 5400/7053

MOZAMBIQUE

BRIEFS

RABIES DATA--There were 600 cases of rabies in the city of Maputo from the beginning of this year until October. The statement was made by a source of the center for preventive medicine and medical examinations. There were two fatalities among the 150 persons who came for vaccinations. Many tens of dogs without owners can be seen in the streets and public places, coming from the suburbs in search of food. They constitute a public health danger because they can cause a rabies epidemic in the capital. [Text] [Maputo NOTICIAS in Portuguese 20 Nov 82 p 8]

CSO: 5400/99

SWINE FEVER CAUSES SLAUGHTERING IN EXTREMADURA

Madrid TIEMPO in Spanish 8 Nov 82 p 50

[Article by Emilio Jaraiz (Caceres)]

[Text] Numerous sources of swine fever have been detected in the last few weeks in the Extremadura region, especially in the province of Badajoz, where the ravages are already so severe that they have completely ruined various hog raisers, at the same time that they have affected, in a dramatic way, the region's economy, based in a substantial way, on this livestock.

Specifically, on Aureliano Gil Escribano's farm in Alange, 18 kilometers from Merida (Badajoz), it has been necessary to destroy 571 hogs, of which 80 were about to give birth. These animals were destroyed in an attempt to eradicate the epidemic and to avoid other ill effects which could have repercussions on other livestock and on the human body, which would be seriously affected if the tainted meat were eaten.

The 571 pigs, Iberian breed, from which is obtained the famous "pata negra" ham were destroyed by a pistol shot in the neck, so that their suffering was slight. Cases like this, in which the owners have had to destroy all their animals, have been repeated constantly during the last few weeks, with the result that losses can be very substantial.

The owners affected by swine fever in their hogs will receive, according to law, 45 pesetas per kilo for each hog destroyed weighing less than 20 kilos, 41 pesetas for those weighing between 20 and 70 kilos, and 37 pesetas for those over 70 kilos.

However the owners are not satisfied with these rates. They feel that they are being shortchanged, since, for example, Aureliano Gil expected to receive somewhat more than 4 million pesetas from the sale of 571 hogs, while with the indemnification, he will receive somewhat less than a million and a half pesetas.

The economic repercussions from this epidemic in Extremadura will be substantial, since pig raising is one of the major sources of wealth that the region possesses. Furthermore this breed of Iberian hog was becoming outstanding, since, for the quality of its meat, especially ham, it was much appreciated and there was a strong demand for it in the international market.

According to reports from farmers, this is the first time in 18 years that a catastrophe of such magnitude occurred in the sector. The hog raisers fear that the epidemic could destroy all the existing farms in the area and are of the opinion that, when the epidemic appears, there is nobody to stop it. The problem is aggravated since the virus is not detected in the infected animal and, for the moment, there are no biological procedures to combat it.

9678

CSO: 5400/2502

SCABIES REPORTED SPREADING THROUGHOUT STOCKHOLM COUNTY

Stockholm DAGENS NYHETER in Swedish 10 Nov 82 p 29

[Article by Kerstin Hellbom: "Fox Scabies in Stockholm"]

[Text] Fox scabies is now found all over Stockholm County. Last spring the first cases were reported in foxes in the western suburbs.

Now it is everywhere, and the scabies is being transferred to the city's dogs.

During 1982 40 dogs were treated for fox scabies at the two animal hospitals in the county.

Of the 40 dogs, 25 arrived in September and October, which thus signifies a marked increase recently.

Fox scabies came to Sweden from Finland in the mid-1970's. Since then it has slowly spread southward.

"It has spread like a wave, and right now the wave is lying over Stockholm and the Malar Valley," says laboratory chief Dan Christensson at the State Institute for Veterinary Medicine (SVA) in Uppsala.

Foxes which have caught scabies often die under tremendous suffering. They scratch and rub against tree stumps and logs and a few scabies may fall off.

These survive without a "host animal" for a few hours, and during that time a dog may be there and pick up the animal on its body. Usually the contagion is then transferred from dog to dog.

"Scabies is a disease loaded with connotations, about which people like to keep quiet," Dan Christensson says. "If only people were to admit that their dogs have scabies the circle of contagion could be broken, but people are silent and let the dog play with other dogs, and the disease is kept going."

A Horror for the Veterinarians

No one knows how many dogs in the county have got scabies. Forty dogs have been treated at the hospitals, but how many have been treated at home is unknown.

"scratching dogs" are a horror to the veterinarians, but in general they only advise by telephone that the dog should be washed with Alugan," Dan Christenson says.

A dog that has contracted scabies must undergo quite extensive treatment. It has to be bathed six times with Alugan, related to DDT.

"This is not a catastrophic disease for the dog; it can be successfully treated. But many dog owners are likely to terminate the treatment after a few difficult baths. The dog has stopped scratching, but that does not mean the scabies are dead. One must complete the whole program, otherwise the disease will return.

So it is not too bad for the dog, but it is worse for the foxes. The fox population in Norrland has decreased in the last few years and now a shrinking of the stock in Greater Stockholm and the Malar Valley as well is reported.

The "wave" of fox scabies now continues toward the south, which up to now has been free of fox scabies with the exception of a local contagion, which originated last year at Monsteras.

11949

CSO: 5400/2501

TANZANIA

BRIEFS

FOWL TYPHOID QUARANTINE--The Ministry of Livestock Development has imposed quarantine on the two hatcheries belonging to Messrs Kibo Poultry Unit (KPU) in Moshi town and at Kibosho following outbreak of fowl typhoid among chicks originating from hatcheries. According to a statement issued in Dar es Salaam yesterday by the Ministry, the quarantine prohibits movement of poultry and poultry products from KPU properties except with permission of a government veterinary officer. The statement added that sanitary measures had been imposed and it may take up to six months for the condition to return to normal. Since Dar es Salaam poultry keepers were the main recipients of ex-Kibo Poultry Unit chicks, quite heavy losses occurred in and around the city due to the disease. "Excerpt] [Dar es Salaam DAILY NEWS in English 13 Nov 82 p 3]

CSO: 5400/89

LATVIA, ESTONIA BORDER CLOSED TO STOP FOOT-AND-MOUTH DISEASE

Helsinki HELSINGIN SANOMAT in Finnish 27 Nov 82 p 9

[Article: "Foot and Mouth Disease Closes Latvian and Estonian Border"]

[Text] A sudden change in travel plans took about 20 people departing for Riga by surprise on Friday morning at Helsinki's south harbor. The travel bureau informed those departing that Soviet authorities had closed the border between Latvia and Estonia because of foot and mouth disease, which broke out in Latvia and Lithuania in October.

The border is completely closed to bus traffic in order to prevent the spread of this disease.

According to Finnsov Tours the decision to close the border was made late on Thursday and this information was conveyed by a tour guide who returned from Tallinn on Thursday evening.

Anneli Karppinen, director of the tourist bureau, stated that no official information on the border closing had yet been received on Friday, but after unofficial telephone conversations with Intourist it seems that there is some hope that the tour can continue on to Riga. If those bound for Riga reach their destination, it will apparently be accomplished by rail or air.

According to Karppinen there was no time to inform clients before their arrival at the harbor, but there they were offered an opportunity to cancel their trip. Four decided to accept the offer and returned home.

Extensive precautionary measures have been in effect for approximately a month in Estonia for the purpose of protecting dairy- and beef cattle and preventing an epidemic.

Disease Can Be Carried on Shoes

Loma Tours and Ystavyys Tours are also arranging trips to Riga this year. However, Loma Tours' next departure is not until 23 December so that it will have time to inform its clients of a possible change in their itinerary. Information on the closing of the border had not yet been received on Friday.

Director Jari Lehtonen of Ystavyys Tours also had not heard of the new arrangements. According to him their clients will be notified immediately if Moscow's Intourist gives them official information on the closing of the border between Latvia and Estonia. In that event those who have made reservations for the Riga trip will have the right to cancel or they can pick another destination from Moscow.

An inquiry by telegraph concerning the disease was sent to Soviet officials according to Inspector Saara Reinius of the Veterinary Section of the Ministry of Agriculture and Forestry, but there has been no answer.

According to information received last week by the Ministry of Agriculture and Forestry tourists as well as cars had to pass through disinfection troughs containing sawdust at the Latvian and Estonian border so that the disease would not be spread.

The closing of the border is a good thing in the opinion of Reinius since there has been some concern in Finland that the disease could spread from Estonia even to Finland.

Also when foot and mouth disease appeared in Finland, the area of contamination was quarantined, religious services were cancelled, and schools were closed. Any movement out of the area was permitted only through a sauna.

10576

CSO: 5400/2504

AUSTRALIA

CONCERN OVER SCREW WORM FLY THREAT FROM INDONESIA NOTED

Perth THE WEST AUSTRALIAN in English 28 Oct 82 News of the North p 2

[Article by Peter Trott]

[Text] The screw worm fly is the most immediate exotic disease threat to Australia's livestock industry and would cost more than \$100 million if it entered the country and spread, the director of the Bureau of Animal Health, Dr R. W. Gee, told the NADC seminar.

In his paper delivered to the seminar in Port Hedland last week he said that the CSIRO had trapped specimens of the fly within 3km of Australian islands.

It occurs in Papua-New Guinea and Indonesia.

CSIRO has a screw worm fly research unit in PNG and this has obtained important information on monitoring and controlling the pest, Dr Gee said.

There was little history of monitoring so far and it was difficult to assess the significance of the specimens trapped.

"But we cannot discount the possibility of further spread," he said.

"The policy of transmigration adopted by the Indonesian Government has gathered momentum in recent years.

"Families and their livestock are moved from Java to other parts of the archipelago including Irian Jaya.

"This will lead to new concentrations of livestock.

"It is not easy to collect sound information on livestock concentrations but it is clearly in Australia's best interest that livestock introduced into the regions from Indonesia's western islands be free of serious diseases and that the veterinary services in Irian Jaya should be effective."

Dr Gee said a plan had been developed to combat introduction of screw worm fly using sterile males.

The Federal Government had approved the purchase of a \$100,000 gamma irradiator to have ready for such a programme in which males are bred and irradiated to render them sterile.

They are then released in large quantities and because females only breed once in a lifetime, if they mate with the sterile males they cannot reproduce.

Another project to combat exotic disease outbreak is the Australian National Animal Health Laboratory at Geelong which will be used to verify suspected outbreaks without so much need for sending material to the United Kingdom to be tested.

CSO: 5400/7515

PROBLEMS ENCOUNTERED IN LOCUST SPRAYING PROGRAM

Perth THE WEST AUSTRALIAN in English 23 Oct 82 p 8

[Text]

TEETHING problems have been experienced in spraying to control locusts in the Great Southern, according to the Minister for Primary Industry, Mr Old.

He said that a few areas would need re-spraying.

Spraying had been too early on some properties. There had been substantial hatchings since the spraying.

Aerial spraying had been done for spot treatment when spraying from the ground would have been more appropriate.

Some of the spraying had been in calm conditions, when the spray either diffused in the air because of warm temperatures or did not drift significantly to cover the areas between runs.

In other instances, the droplet size had been too large and the coverage had not been sufficient, Mr Old said.

Further analysis of

the chemical used was taking place.

The Agriculture Protection Board would embark on a new strategy this year. Newly hatched egg beds would be sprayed.

The move was designed to provide a further shot at locusts at an early stage—in addition to spraying when large bands formed and flew in swarms.

The strategy involved widespread monitoring of egg-bed development and arose from ideas gained during trips to the Eastern States by board officers.

"All concerned—board officers, farmers and aerial operators—were perhaps a little eager to act in a situation where control work was breaking new ground," Mr Old said.

CSO; 5400/7518

CONTROL OF YELLOW DWARF DISEASE OF WHEAT DISCUSSED

Beijing NONGCUN KEXUE [RURAL SCIENCE] in Chinese No 8, September 1982 p 18

[Article by Qian Youning [6929 1635 1380]: "Yellow Dwarf Disease of Wheat"]

[Text] Yellow dwarf disease is the major wheat disease in China.

It occurs in all provinces. This disease damages mostly wheat, barley, naked oats, and broom corn millet, and it can cause serious damage to wheat. In 1970, for example, as a result of yellow dwarf disease, the provinces of Shaanxi, Gansu, and Ningxia had a reduction in output of about 1 billion jin. Wheat dwarf disease virus granules are spherical polyhedrons with a diameter of 26 millimicrons (a millimicron being one one-billionth of a meter), and they can be spread only by aphids. In China maiercha aphids [7796 0059 0643 5742], wheat aphids [macrosiphum avenae (Fabricus)], yiguan aphids [4898 4619 5742], and wuwang cangguan aphids [3541 4853 7022 4619 5742], can spread them. The most powerful carrier is wheat aphids [macrosiphum avenae]. When the piercing and sucking mouth of wheat aphids penetrates the leaves and stems of diseased plants to suck out the juices, it takes only 30 minutes of sucking for wheat aphids to contract the virus. A wheat aphid carrying wheat dwarf disease can then transmit the virus to uninfected wheat by feeding on it for from 5 to 10 minutes. Happily the viruses cannot reproduce within the aphids' bodies, nor can the aphids pass the virus along to succeeding generations. Only by feeding on diseased plants themselves can newly born aphids contract the virus. This eases the problem of controlling this disease.

Once wheat contracts yellow dwarf disease, the tips of the leaves begin to turn yellow first. The yellowing follows the veins in the leaves, producing alternating yellow and green stripes on the leaves and gradually progressing to one-third to one-half of the leaf surface. The leaves become thick, hard, stiff, and upright. If the disease is contracted during the seedling stage, in serious cases the seedlings die during the period of greening up the following year. If the infection is light, the seedlings do not die, but the disease continues to develop in new leaves; tillering is reduced; serious dwarfing occurs; and there is either no spiking or else spikes are very small. If the disease is contracted during greening up or during the jointing stage, the leaves of infected plants gradually turn yellow from bottom to top. During the booting stage, from one-third to one-half of the surface of boot leaves of infected plants turn bright yellow, and the other leaves gradually turn yellow from top to bottom. Spikes depend mostly on leaves for

nourishment, and boot leaves are the principal source of nutrients for spikes. So after the leaves turn yellow, the effect on yields is very great. Though plants infected during the late stage of their growth are able to form spikes, grains are blighted. Whether or not leaves of wheat plants infected with dwarf disease turn yellow has a lot to do with temperatures. When temperatures are between 15 and 20 degrees centigrade, incidence of disease is apparent, but when temperatures are above 25 degrees centigrade, there is no outbreak of the disease even though the wheat plants carry the virus. This is called latent infection. Once temperatures drop to between 15 and 20 degrees centigrade, the disease can break out.

Inasmuch as yellow dwarf disease of wheat is transmitted by aphids, the spread and degree of seriousness of this disease is closely related to the migration of aphids. When the wheat ripens and is harvested, the aphids that transmit the wheat yellow dwarf virus can no longer find sufficient nourishment, and large numbers of winged aphids then fly to their summer hosts, which are corn, gaoliang, broom corn millet, millet, paddy rice, wild-growing wheat, and numerous other plants of the grass family. However, these hosts are not necessarily hosts for the wheat dwarf virus. Only certain varieties of corn, wild wheat seedlings and grasses such as broom grass, oats, dalingfeng grass [1129 0407 7364 5430], huamei grass [3973 4168 5430], and huwei grass [5706 1442 5430] are hosts for yellow dwarf virus. When the winter wheat sown in autumn sprouts, the virus infected wheat aphids fly back from their summer hosts, spreading the virus to the wheat again so that it continues to spread.

Numbers of wheat aphids are related to temperature and humidity. Generally when October average temperatures are high and there is little rainfall, and when average temperatures during the following January and February are high with no "return to cold in spring" during March and April, conditions favor outbreaks of wheat aphids. Practice has shown that in years of serious infestations of wheat aphids [*macrosiphum avenae*], incidence of yellow dwarf disease is also great.

Control of wheat yellow dwarf disease depends mostly on prevention and all-around control. First is breeding of disease tolerant superior varieties. None of the wheat varieties currently in use has been found to be immune; they are only relatively disease resistant or disease tolerant. In general, most local peasant varieties are fairly resistant or tolerant of the disease. Second is control of aphids to prevent disease. This is currently the principal method used to control yellow dwarf disease. For early sown wheatfields in winter wheat growing areas, 3911 [phorate] may be mixed into the seeds, between 0.2 and 0.3 jin of 75 percent 3911 being used per 100 jin of wheat seeds. Between 6 and 8 jin of water should be added and stirred evenly. After mixing, the seeds should be piled and covered for 12 hours. This pesticide remains effective for about 35 days. 3911 is an intensely poisonous pesticide, so the safety of people and animals should be watched when it is used. In years when yellow dwarf disease is at normal levels, after mixing the seeds, there is no need to control aphids before the onset of winter. However, if temperatures are fairly high, the weather dry, and

the incidence of wheat aphids more than between 10 and 15 per 100 wheat plants, spraying should be done once. Between the time when the wheat greens up and the jointing stage, control of aphids should be done once or twice more to control the spread of wheat yellow dwarf disease. Depending on the aphid situation in spring wheat growing areas, benefits from spraying of insecticides in early to mid May are fairly good. Insecticides that may be used include the following: a 1000 - 1500 part solution of dimethoate emulsion, a 200 - 300 part solution of 50 percent 1605 [parathion] emulsion, or alternatively 1 percent 1605 powder or 1.5 percent dimethoate powder, spraying 3 jin per mu. In addition, seeds should be sown at the right time, winter watering done, the ground compacted before the onset of winter, the ground harrowed after greening up has taken place, and tending with nightsoil intensified. All these things help reduce damage caused by yellow dwarf disease.

9432

CSO: 5400/4104

LEAF RUST SPREADING ON SUGAR PLANTATIONS

Manila PHILIPPINES DAILY EXPRESS in English 28 Nov 82 p 14

[Text] BACOLOD CITY--The word is out. The deadly leaf rust which wiped out several years back the sugarcane plantations of Cuba has been spreading rapidly in the Hawaiian-Philippines Company (HPCO) milling district in Silay City.

Leaf rust has already heavily affected some 450 hectares and slightly affected sugarcane in about 800 hectares of the milling district.

The spread of leaf rust or Melano Sepala was confirmed by William Henry Streegan, community relations officer of the Jardine-Davies HPCO.

HE SAID a plant pathologist from the La Granja research station of the Philippine Sugar Commission had inspected the area and positively identified the rust-colored sugarcane as suffering from the deadly virus-transmitted diseases.

Streegan said several affected planters in the HPCO area have issued an appeal to the Philsucom planters and millers relations office for assistance in curbing leaf rust which usually depletes as much as 10 to 20 percent of sugar production of infected sugarcane.

Leaf rust has also been spotted in some plantations in the San Carlos City sugar central milling district, another Jardine-Davies-owned mill.

Strengely, leaf rust has affected only Philippine 56226 variety or sugarcane, Streegan disclosed.

LEAF RUST is usually transmitted from one area to another through cane points of infected sugarcane varieties.

Informed about the situation, Philsucom Visayas-Mindanao regional manager Eduardo Gamboa said he will confer with Fernando Cuenca, executive office of the research and development of the region supervising the La Granja research center.

CSO: 5400/4340

TANZANIA

BRIEFS

CBD CAUSES COFFEE SHORTFALL--Coffee growers in Kilimanjaro, Tanga and Morogoro regions, earned 248,196,890/- from sales of 22,701 tonnes of coffee by April this year. The Coffee Authority of Tanzania (CAT) manager for the northern zone, Philemon Makundi said, the amount was less than the 1980/81 season when growers sold 30,682 tonnes and earned 381,352,551/-. On the current crop season, Makundi said that it is likely that there will be a bigger short fall than last season's due to an outbreak of Coffee Berry Disease (CBD). "The crop has been badly hit by CBD particularly in the higher areas, where it is very cold", he said. He said that the shortfall was characteristic of coffee production after a bumper crop. The CAT bought a total of 63,500 tonnes of coffee from growers throughout the country in 1981/82. [Excerpt] [Dar es Salaam DAILY NEWS in English 23 Nov 82 p 1]

CSO: 5400/85

CITRUS DISEASE THREATENS FRUIT GROWERS

Harare THE HERALD in English 12 Nov 82 p 6

[Text] **THE Plant Protection Research Institute is anxious to find out the extent of the spread of an unusual disease threatening Zimbabwe's citrus growers.**

The principal research officer of the Plant Pathology section, Cde Phineas Maramba, of the Research and Specialist Services, said yesterday a serious outbreak could hit fruit-growers' pockets hard.

The first outbreak of the disease, caused by a fungus pathogen, was reported in Bindura four years ago, and has since been reported on other farms, including the communal areas.

A probe has been mounted to find out more about the disease following leads given by the Commonwealth Mycological Institute on samples collected from six African countries, including Zambia and Mozambique.

Cde Maramba pleaded with pickers to take only fruit that was not affected so as to arrest the spread of spores. Citrus

affected by the fungus rots,

The leaf symptoms start as greenish yellow patches and a fully formed leaf spot consists of light brown or greyish centre surrounded by a dark brown margin bordered by a yellow halo. It affects young stems, leaves, flowers and fruit, and can cause severe defoliation.

It is strongly believed that the fungus was introduced into Zimbabwe from countries in the north.

Cde Maramba recently visited four farms, and is studying samples from fruit on one of the farms to find out whether the pathogen occurs.

His research team is keen to visit other plantations to study the disease.

"The only remedy is to find control measures immediately, since our citrus industry is in great danger," said Cde Maramba. "Our other objective is to find out its spread and severity."